

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039256

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 65

Primary Registration District No.

Registrar's No. 46

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED NOV 8 1963

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Snyder</u>		Length of stay in lb <u>30 yrs</u>	c. CITY OR TOWN <u>Snyder</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FLORENCE</u> Middle <u>E</u> Last <u>REDDING</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-15-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u> Hours <u>-</u> Min. <u>-</u>
11a. BIRTHPLACE (City and state or country) <u>Wetaskville mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U-S A.</u>	
13a. FATHER'S NAME <u>Wm Mathison</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Vaughan</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Frank Redding</u> Address <u>Box 108 Kansas City 52. MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>-</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Sept. 2, 1963</u> to <u>Nov. 4, 1963</u> and last saw her alive on <u>Nov. 4, 1963</u> -Death occurred at <u>12:30 P.M., Nov. 4, 1963</u> on the date stated above, and to the best of my knowledge, from the causes stated. <input checked="" type="checkbox"/>			
22a. SIGNATURE (Degree or title) <u>L. Totzer MD</u>		22b. ADDRESS <u>Brunswick, Mo.</u>	
22c. DATE SIGNED <u>11-5-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Nov-7-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newcomer Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>7m. N of Brunswick mo</u>		24. FUNERAL DIRECTOR <u>Leipold Edwards Brunswick mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Nov-7-1963</u>		26. REGISTRAR'S SIGNATURE <u>Arviz Wathkins Def</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Rosworth mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.